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Atty. Dkt. No. 070191/321 (30-CD-6182)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Mikula, et al.

Title:

A MEDICAL TESTING SYSTEM

WITH AN ILLUMINATING

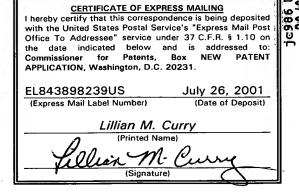
COMPONENT

Appl. No.:

Filing Date:

Examiner:

Art Unit:



UTILITY PATENT APPLICATION TRANSMITTAL

Commissioner for Patents **Box NEW PATENT APPLICATION**Washington, D.C. 20231

Dear Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

Patricia J. Mikula Gary J. Secora

Enclosed are:

()	()	Specification, Claim(s), and Abstract (16 pages, plus cover sheet).
[)	(]	Formal drawings (6 sheets, Figures 1-6).
[)	(]	Unexecuted Declaration and Power of Attorney (4 pages).
[]	Executed Assignment of the invention to GE Medical Systems Information Technologies, Inc. (pages).
[]	Assignment Recordation Cover Sheet (1 page).
[]	Information Disclosure Statement.
[]	Form PTO-1449 with copies of listed reference(s).

The filing fee is calculated below:

-1-

	Claims as Filed		Included in Basic Fee		Extra Claims		Rate		Fee Totals
Basic Fee							\$710.00		\$710.00
Total Claims:	20	-	20	=	0	×	\$18.00	=	\$0.00
Independents:	5	- '	3	_ = .	2	×	\$80.00	=	\$160.00
If any Multiple Dependent Claim(s) present:						+	\$270.00	=	\$0.00
							SUBTOTAL:	=	\$870.00
[]	Small Entity Fees Apply (subtract ½ of above):								\$0.00
TOTAL FILING FEE:								=	\$870.00

- [X]Please charge Deposit Account No. 07-0845 in the amount of \$870.00 to cover the filing fee.
- Please charge Deposit Account No. 07-0845 in the amount of ___ to cover the Assignment recordation fee.
- [X] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 07-0845.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

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